



**Department of Health
Town Health Officer**

Rental Housing Inspection Checklist

Standards as defined in Vermont's Rental Housing Health Code and Act 165, an Act to Prevent Childhood Lead Poisoning in Rental Housing and Childcare Facilities.

Inspector Name:

☐ Health Officer ☐ Deputy THO ☐ Other _____

Town:

Date of Inspection:

Type of Inspection:

☐ Initial ☐ Follow-up (Last Inspection date: _____)

Address:

Tenant Name and Phone #:

Owner Name Phone #:

Housing Type (*check as appropriate*):

- ☐ Single Family
☐ Duplex or 2 Family
☐ Multi-Unit Building
☐ Mobile Home (rented home and lot)
☐ Mobile Home (rented lot only not in mobile home park)
☐ Rooming House/Unit
☐ Other _____

Reason for Inspection:

Rental Housing Health Code

Kitchen Facilities (dwelling units only)	Space to store, prepare and serve foods: <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen sink present: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Bathroom Facilities	<input type="checkbox"/> Dwelling Unit	Toilet, sink & bathtub/shower: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared (meets standard) Comments:
	<input type="checkbox"/> Rooming Unit	One toilet & one sink for each 10 persons: <input type="checkbox"/> Yes <input type="checkbox"/> No One bathtub or shower for each 8 persons: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Non-Absorbent Surfaces	Kitchen: non-absorbent floor & counter surfaces present: <input type="checkbox"/> Yes <input type="checkbox"/> No Bathrooms: non-absorbent floor & counter surfaces present: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Private Type: _____	Noted problems with quantity of water or hot water temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: If Private: Noted problems with water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Type (typically a coliform sample): _____ Date Sampled: _____ Results (attach copy of lab report): _____ Tenant & owner notified of results? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Sewage System	<input type="checkbox"/> Public <input type="checkbox"/> Private	System Functioning Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Inspection Date: _____ Unit Address: _____

Garbage, Rubbish & Sanitary Conditions	Outdoor covered containers provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Garbage/rubbish removed once per week: <input type="checkbox"/> Yes <input type="checkbox"/> No Observed insect or rodent infestation? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Heating	Heat Available if < 55° F: <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Details: _____ Space Heater(s) vented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
Ventilation	Habitable rooms have at least 1 operable window or door: <input type="checkbox"/> Yes <input type="checkbox"/> No Screens provided (<i>operable windows & doors used as ventilation</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No Bathrooms ventilated (window or ventilation fan): <input type="checkbox"/> Yes <input type="checkbox"/> No Bathroom fans & clothing dryers vented to outdoors: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
Lighting & Electricity	2 outlets (or 1 & 1 light fixture) in habitable rooms; 2 outlets & 1 light fixture in kitchen: <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate lighting in other rooms, common areas and entrances: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Structural Elements	Structure is weather and water-tight and in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No Presence of standing water, excessive moisture or visible mold: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other Problems or Additional Comments	

Lead Law

Home built before 1978? (if yes, continue) ☐ Yes ☐ No ☐ Unknown _____

Chipping paint >1 square foot? ☐ Yes ☐ No

Window well inserts in all windows? ☐ Yes ☐ No

Notice posted asking tenants to report chipping paint? ☐ Yes ☐ No

Evidence of prohibited practices (i.e., dry scraping or sanding): _____

Comments:

Overall Inspection Findings

Summary of Required Corrections: _____

Required Compliance Date: _____

Follow-up Inspection Date Set: _____

Referred to Department of Public Safety for possible fire safety/building code violations: ☐ Yes ☐ No

Other referrals/comments: _____